

TRANSMITTAL FORM

Attorney Docket No.

RPS920010024US1/2067P

In re the application **Linda A. RIEDLE, et al.**Confirmation No: **2902**Serial No: **09/892,377**Group Art Unit: **2188**Filed: **June 26, 2001**Examiner: **Inoa, Midys**For: **OBJECT ORIENTED APPROACH TO A REDUNDANT ARRAY STORAGE SYSTEM**

ENCLOSURES (check all that apply)

| | | | | | |
|--------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | After Final | <input checked="" type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> | Form 1449 | <input type="checkbox"/> | Sheets of Formal Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input checked="" type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input checked="" type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | |

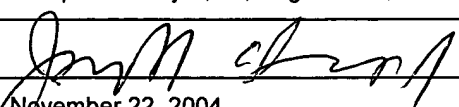
CLAIMS

| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|----------------------------------|---|--------------|------------|---------|
| Total Claims | 33 | 33 | 0 | \$18.00 | \$ 0.00 |
| Independent Claims | 5 | 5 | 0 | \$88.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

METHOD OF PAYMENT

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees. |
| <input checked="" type="checkbox"/> | Charge \$ 1670.00 to Deposit Account No. 50-0563 (IBM Corporation) for payment of fees. Issue Fee \$1370.00; Publication Fee \$300.00 |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation) |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature |  |
| Date | November 22, 2004 |